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The Need of More Medical Reference Libraries and the Way in Which They can be Established.

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THE NEED OF MORE MEDICAL REFERENCE LIBRARIES AND THE WAY IN WHICH THEY CAN BE ESTABLISHED.¹

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This paper has been undertaken with the idea to point out the need of more medical libraries and to suggest some plan whereby they can be established. That there exists the need of writing such a paper, can be seen by anyone who, undertaking the establishment of a medical library, seeks to discover the published records of similar attempts which have been made in the past.

The natural desire of whoever sits down to write upon a medical subject is to have a clear and distinct idea of what others have thought and written upon the same subject. Whether he will be able to obtain the literature necessary to the gratification of his desire will obviously depend upon the geographical location of the writer. If he resides in one of our larger cities, he has at his command the contents of the large medical libraries, and his study of the past and present literature of a given subject can be carried on with great completeness. But how different is the case, if by chance his lines have fallen in a smaller city or town. He may be, and probably is, possessed with the same desire to get at the bottom of any subject he is interested in or upon which he is endeavoring to express his views, but he is continually thwarted by his inability to secure the books, pamphlets, and articles which have appeared upon the same topic from the pen of others. The resident of the smaller town is thus more or less handicapped. The lack of adequate library facilities removes the incentive to thorough and accurate work and may prove a powerful factor in preventing the highest intellectual development of the medical practitioner. Medical literature is unlike that of any other department in science, in that its most valuable contributions are scattered through the different journals devoted to medicine. The number of these journals has assumed such large proportions that it is impossible for one single person to subscribe for those even of real value. He

¹ A paper read before the American Academy of Medicine, Baltimore, May 6, 1895.



must content himself, therefore, with some of the standard journals and possible one or more of the minor periodicals for the sake of the local matter they may contain. Even should his subscription list comprise some dozen or more journals, he is but poorly equipped for exact literary work. Except in occasional instances, it is impossible for him to complete the files of the journals that come regularly to his office. Even should he be of a systematic turn of mind and file away the different numbers as fast as they have been looked over, he will find that he is an exception to the general rule in this regard, if he seeks to obtain the references to the journals not on his list from those in the possession of his professional friends. The majority of physicians do not preserve their journals but cast them aside when through with them. They are thrown into a closet and there remain until the accumulation is either burned or sold for old paper.

Again, the best physicians of a town will be found to be subscribers to nearly the same journals. The local State or County medical journals will be among the number and then will appear the standard American journals, with an occasional British or foreign periodical, for outside the large cities and towns there will be found but very few foreign journals. Hence if all the medical literature within a certain district could be collected, while the total amount would assume large proportions, the variety would be meagre. But let us suppose that there does exist a town where the different journals are never lost but are carefully preserved in volumes, and that the seeker after knowledge is possessed of the perseverance to ask for and obtain the privilege of consulting his neighbor's files, where will he obtain access to the various large indices to medical literature? Very few are the private individuals who possess files of the Index Catalog and Index Medicus and without these it is almost impossible to complete the bibliography of any subject.

I think that possibly those who enjoy the benefits of a large library sometimes fail to appreciate their advantages and do not realize the annoyances to which their less fortunately situated brethren are subjected. I feel certain that the latter will readily agree with the previous statements and will eagerly adopt any plan which will provide them with greater facilities for pursuing their literary and scientific researches.

But first let us consider the advantages which will be derived from the establishment of a medical reference library..

1. A large number of medical works can be collected under one roof and by being accessible and well indexed will be the means of saving to the busy practitioner both time and labor.

2. More volumes can be obtained through the means of a library than by the most strenuous efforts of private individuals. The physicians residing in the immediate vicinity of the library will readily respond to requests for books and medical journals and will turn them into the common fund. In this way large numbers of duplicates will be collected, which can be used in exchange with other libraries to complete the files of the journals.

3. A large list of the current periodicals can be secured. In this way the physician can have access to one hundred or more instead of six or eight journals. This will prove a great saving of the hard-earned dollars of the members of the profession, for a great many of the journals are taken merely for reference. Two of these journals will suffice for one's general reading, if there be at hand others which can be glanced through or consulted for special topics. I am convinced that the average physician in good practice takes more journals than he can read. I have seen more than one office where the table was covered with journals whose wrappers had not been removed. This is a sad waste of money, which might be expended to far better advantage.

4. When the library is once organized it will be found that seventy-five per cent. of the material, which is continually accumulating, comes from donations. These will be made to a library organized upon the right principles, when they would be refused or not even considered, were the request made by a private individual. This is a great gain to the physicians having access to the gifts while only a small tax upon the means of each donor.

5. Such a library as we have been considering will prove a powerful factor in educating the members of the medical profession. It will act as an incentive and stimulus to accurate and exhaustive literary researches. As the library is more and more used, we shall see less frequently in the columns of the medical journals the accounts of original discoveries,

which half an hour spent among the volumes in the library, would have shown the author of the article that his so-called discovery had been well known to the medical profession for at least twenty-five years. There would be fewer worthless articles inflicted upon the unprotected public.

I think that I cannot, in the time at my disposal, better illustrate the plan upon which a medical library may be established, than by giving a brief history of a Medical Library Association, which has recently been organized in Grand Rapids, Michigan. I do this all the more willingly, because I know from the letters I have received as secretary of the association, that the need of better library facilities is felt by many physicians outside of the large cities, and that they need only the proof of the practicability of some plan, to take immediate steps towards its adoption. The plan about to be described may have to be changed somewhat to meet the requirements of the individual case, but I believe it will be found to be fundamentally sound and worthy of consideration.

Grand Rapids is the second largest city in Michigan, having a population of about 85,000, and about 150 physicians. All of the so-called schools of medicine are represented, and one of the first questions to arise was whether a medical library should be supported by and its readers confined to the members of the regular profession, or whether it should be established upon the principle that it was to be a storehouse of knowledge and should be free to all who should contribute to its support. This is an important question to be settled, and the future success of any library will depend largely, I feel sure, upon the wisdom that is manifested in dealing with this problem. Whatever may be a man's opinion in regard to the ethical question of consulting with the adherents of systems of medicine, I cannot see why any objections should be raised to the association of men who, while they may think differently upon medical matters, still desire to pool issues for the establishment of a library, which will be a means towards the better education and advancement of all. But inasmuch as the library should be for the greatest good to the greatest number, if the feeling among the physicians of the community be so strong against admitting those who are not regular that the adoption of any such plan would lead to lack of

support from a considerable number, then it would be best, perhaps, to limit its membership to the members of the regular profession. If this course be taken, however, there will be great danger of failing to obtain the support of the public. The people have looked on at the struggle to crush out homeopathy for many years now, and, according to my experience, their judgment to-day is that it is a doctor's quarrel, and their sympathies, if they have any, are always with the adherents of sectarianism. They could not be brought to see why any respectable person, who so desires, and will contribute to its support, should not have access to the library.

The plan upon which the Grand Rapids Medical Library Association was founded is that membership is open to all persons of respectability who comply with these conditions. The constitution provides that there shall be active, life, honorary, non-resident and associate members.

Active members comprise those who reside in the city and who belong to either of the professions of medicine, dentistry or pharmacy. The annual dues are ten dollars.

Life members are those who pay into the treasury one hundred dollars or more, at one time.

Non-resident physicians who desire to avail themselves of the privileges of the library, can become members on the payment of five dollars per year.

Associate members also pay five dollars per year. They make no use of the library, as a rule, but have enrolled themselves because of their desire to help a worthy institution.

The public must be made to understand that it is for their interest, and not solely for the advantage of the profession, that a medical library should be established. They should be expected to render substantial aid to such an institution just as they are expected to contribute towards the support of other scientific undertakings. Physicians as a class, are poor and have a hard struggle for existence. Only in the large cities, as a rule, do we find men of sufficient means to give more than their pro rata towards the support of the library. Donations may be looked for from various sources, however, when the purposes of the library are set forth plainly before the public.

The Library Association whose history we are now considering

was organized in October, 1894. A paper containing a statement of the plan of organization was circulated among the physicians, dentists, and pharmacists, and was signed by enough to show the desire for such an institution. A meeting was then called and the organization of the association perfected. Arrangements were made by which the regular city medical society subleased the library rooms for their regular semi-monthly meetings, and the local dental society were to use the rooms once a month. The rent is thus reduced to a minimum. For the convenience of those who desire to consult this article for the purpose of gathering information whereby other medical libraries may be established, I shall append a statement of the essential details, and I shall only state in a general way what has been accomplished during the first six months of the library's existence. The membership-list comprises fifty-five active, six non-resident, and fifteen associate members. Starting without a book or journal, the library possesses some 2,000 books and bound journals. These have been acquired in various ways, from contributions from the private libraries of members and others interested in the library, and by donations from publishing houses and national and state societies. Journals have literally poured into the library, and the files of the standard periodicals are rapidly being completed through exchanges with and contributions from other libraries. Through a generous donation of money for the purpose, complete sets of the *Index Medicus* and *Index Catalog* have been obtained. Volumes from private libraries have been donated conditional to their being properly indexed and cared for. This provision was found to be necessary for the reason that members hesitated to part with their books unless the library was to be a permanent organization. In other words, they are willing to make donations if the proper use were made of the gifts.

The list of current periodicals comprises over 100 journals and transactions. There are but very few foreign journals outside of those printed in the English language. In making up the subscription list care must be exercised to meet the needs of the library association. At the same time, as far as possible, the money should be expended for journals of real merit, which are not so liable to be met with in the physician's office. Yet where

but a few members read French or German, it is obviously unfair to subscribe for many journals in either of these languages however valuable they may be for reference. It would seem best to subscribe, at first, for as many American and British journals as the funds of the library will allow, and to subscribe later for the foreign journals, as the standard of education of the users of the library be raised. Each community will present peculiar conditions which must be carefully considered, and the success of the library will largely depend upon the good judgment displayed in settling the various problems which may arise. The greatest stumbling block will be found to be the lack of funds, but that this can be overcome by persistent and energetic work, will be seen by glancing over the appended report of one institution. The difference between a medical library and other libraries is that, as before stated, fully seventy-five per cent. of its possessions can be obtained free of charge by courteously worded requests. And upon this fact must the library rely for the first few years of its existence, for nearly its entire income will have to be used in meeting the running expenses. Not one dollar has been used in the direct purchase of a book, yet the Grand Rapids Library has now 2,000 bound volumes, and all acquired since October last.

The reason for the failure of quite a number of similar undertakings has lain in the fact, it would seem to me, that no provision has been made to secure the services of a librarian who should give up his or her whole time to the work. Some one must do the work, and what is every one's duty is no one's, and the result is that without a librarian the books are lost and the dust accumulates on those that remain. In order that the library may be a success, it must be so arranged that it will be of use to the members. You cannot make a student of every one, but the fact that a few men are making use of the library will act as an example and incentive to others. Reading clubs can be organized in connection with it, and ambition be kindled in the minds of the younger men at least.

Opposition will be met with. It will be claimed that the library is maintained for the use of a few; that its officers are reaping the benefits; that it is of very little value and its shelves are

mostly filled with worthless volumes, but such utterances are not alone used against medical libraries. They are characteristic, I am sorry to say, of some of the members of our profession, who not only fail to progress but bitterly oppose any signs of progression in others. This class may have considerable influence for a time, and their opposition may be a cause of much annoyance, but they must be dealt with tactfully and in time will be made to see that they have been in the wrong.

The unanswerable argument to all this criticism is that the privileges of the library are at the disposal of all who seek to avail themselves of them. If a man will not, then he will not, and no one is to blame but himself.

It may be well to state that, adopting the plan of the Boston Medical Library Association, a Directory for Nurses has been established in connection with the library. This has proved a highly successful undertaking, and is of value both to the public, the profession, and the nurses. While it has not been a source of income to the library, it has from the start been self-supporting, and there is every reason to believe that in time it may be more than this.

In order that the aims, purposes, and needs of the association might be made known to the profession and to the public, certain distinguished men have been invited to read papers at its regular monthly meetings. Invitations to these meetings were sent not only to members of the association, but to all respectable physicians within the city and in the neighboring towns. The meetings have been largely attended and have been highly interesting and instructive.

In conclusion I will say that in the time assigned to each reader, it is impossible to do justice to all the important matters connected with this subject. In my opinion the subject of medical libraries is one of great importance and one worthy of the most careful consideration by members of the Academy. If these institutions can be established throughout the country, they will prove to be powerful instruments in the settlement of the very questions with which this society is grappling. The members of the medical profession must be educated, not merely in the medical schools, but in after life as well. The establish-

ment of medical libraries may not be the only way, but it is one of the ways. I wish to take this opportunity of saying that the association of which I have spoken is under deep obligations to Dr. Bayard Holmes for his many practical suggestions as to the best plan upon which a medical library should be established.

APPENDIX.

RECEIPTS FROM OCT. 1, 1894, TO OCT. 1, 1895.

Annual dues, 55 active members, at \$10.00.....	\$550.00
“ “ 6 non-resident members, at \$5.00.....	30.00
“ “ 15 associate members, at \$5.00.....	75.00
From private donation.....	200.00
From rent of rooms to societies for one year.....	125.00
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	\$980.00

EXPENDITURES.

Rent of library rooms for one year.....	\$200.00
Furniture	80.00
Librarian's salary, 52 weeks, at \$4.00 per week.....	208.00
Subscription to current journals	162.00
Purchase of Index Catalog and Index Medicus.....	100.00
Card catalogue outfit	35.00
Shelving	85.00
Expressage and stamps.....	30.00
Insurance	20.00
Lighting	20.00
Incidentals.....	30.00
	<hr/>
	\$980.00

The above will give an approximate idea of the receipts and expenditures for the current year and will form a basis for calculation. It may be urged that the donation of \$200 cannot be expected every year, but on the other hand it will be seen that some of the expenditures were incidental to the library's first year, such as furniture, purchase of Index Medicus and Index Catalog, card catalogue, etc.

The above is not given as an example to be blindly followed, but simply with the view to form a basis from which a plan can be formulated to suit the exigencies of the case. It will, moreover, demonstrate the practicability of maintaining a library by the methods employed.

